

Indiana State Department of Health

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>005657</b>	(X2) MULTIPLE CONSTRUCTION A. BUILDING: _____  B. WING: _____	(X3) DATE SURVEY COMPLETED  R-C <b>05/19/2014</b>
NAME OF PROVIDER OR SUPPLIER  <b>SANDERS GLEN</b>		STREET ADDRESS, CITY, STATE, ZIP CODE <b>334 S CHERRY ST WESTFIELD, IN 46074</b>		
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)	ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)	(X5) COMPLETE DATE
{R 000}	<p><b>INITIAL COMMENTS</b></p> <p>This visit was for the Post Survey Revisit (PSR) to the Investigation of Complaints IN00144538 and IN00148030 completed on April 24, 2014.</p> <p>Complaint IN00144538 Corrected.</p> <p>Complaint IN00148030 Corrected.</p> <p>Unrelated State findings Corrected</p> <p>Survey Date: May 19, 2014</p> <p>Facility number: 005657 Provider number: NA AIM number: NA</p> <p>Survey Team: Mary Jane G. Fischer RN</p> <p>Census bed type: Residential: 106 Total: 106</p> <p>Census payor type: Other: 106 Total: 106</p> <p>Sample: 5</p> <p>Sanders Glen was found to be in compliance with 410 IAC 16.2 in regard to the PSR to the investigation of Complaint Numbers IN00144538 and IN00148030.</p> <p>Quality Review was completed by Tammy Alley on May 19, 2014.</p>	{R 000}		

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LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE